

| CLAIMS ONLY   |          |      |                     |              |                     | SERIAL NO.   | FILING DATE |
|---|----------|------|---------------------|--------------|---------------------|--------------|-------------|
|   |          |      |                     |              |                     | APPLICANT(S) |             |
| <div style="font-size: 2em; margin-bottom: 5px;">A</div> CLAIMS |          |      |                     |              |                     |              |             |
|   | AS FILED |      | AFTER 1st AMENDMENT |              | AFTER 2nd AMENDMENT |              |             |
|   | IND.     | DEP. | IND.                | DEP.         | IND.                | DEP.         |             |
| 1   |          |      | /                   |              |                     |              |             |
| 2   |          | 1    |                     | /            |                     |              |             |
| 3   |          | 1    |                     | /            |                     |              |             |
| 4   |          | 3    | <del>/</del>        | <del>/</del> |                     |              |             |
| 5   |          | 3    |                     | /            |                     |              |             |
| 6   | 3        | 3    |                     | /            |                     |              |             |
| 7   |          | 1    |                     | /            |                     |              |             |
| 8   |          | 1    |                     | /            |                     |              |             |
| 9   |          | 1    | <del>/</del>        | <del>/</del> |                     |              |             |
| 10  | 1        |      | /                   |              |                     |              |             |
| 11  |          | 1    |                     | /            |                     |              |             |
| 12  |          | 2    | <del>/</del>        | <del>/</del> |                     |              |             |
| 13  |          |      |                     | /            |                     |              |             |
| 14  |          |      |                     | /            |                     |              |             |
| 15  |          |      |                     | /            |                     |              |             |
| 16  |          |      |                     | /            |                     |              |             |
| 17  |          |      |                     | /            |                     |              |             |
| 18  |          |      |                     | /            |                     |              |             |
| 19  |          |      |                     | /            |                     |              |             |
| 20  |          |      |                     |              |                     |              |             |
| 21  |          |      |                     |              |                     |              |             |
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| 41  |          |      |                     |              |                     |              |             |
| 42  |          |      |                     |              |                     |              |             |
| 43  |          |      |                     |              |                     |              |             |
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| 47  |          |      |                     |              |                     |              |             |
| 48  |          |      |                     |              |                     |              |             |
| 49  |          |      |                     |              |                     |              |             |
| 50  |          |      |                     |              |                     |              |             |
| TOTAL IND.  | 2        |      | 2                   |              |                     |              |             |
| TOTAL DEP.  | 15       |      | 14                  |              |                     |              |             |
| TOTAL CLAIMS  | 17       |      | 16                  |              |                     |              |             |
| 51  |          |      |                     |              |                     |              |             |
| 52  |          |      |                     |              |                     |              |             |
| 53  |          |      |                     |              |                     |              |             |
| 54  |          |      |                     |              |                     |              |             |
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| 64  |          |      |                     |              |                     |              |             |
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| 68  |          |      |                     |              |                     |              |             |
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| 70  |          |      |                     |              |                     |              |             |
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| 76  |          |      |                     |              |                     |              |             |
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| 80  |          |      |                     |              |                     |              |             |
| 81  |          |      |                     |              |                     |              |             |
| 82  |          |      |                     |              |                     |              |             |
| 83  |          |      |                     |              |                     |              |             |
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| 86  |          |      |                     |              |                     |              |             |
| 87  |          |      |                     |              |                     |              |             |
| 88  |          |      |                     |              |                     |              |             |
| 89  |          |      |                     |              |                     |              |             |
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| 92  |          |      |                     |              |                     |              |             |
| 93  |          |      |                     |              |                     |              |             |
| 94  |          |      |                     |              |                     |              |             |
| 95  |          |      |                     |              |                     |              |             |
| 96  |          |      |                     |              |                     |              |             |
| 97  |          |      |                     |              |                     |              |             |
| 98  |          |      |                     |              |                     |              |             |
| 99  |          |      |                     |              |                     |              |             |
| 100   |          |      |                     |              |                     |              |             |
| TOTAL IND.  |          |      |                     |              |                     |              |             |
| TOTAL DEP.  |          |      |                     |              |                     |              |             |
| TOTAL CLAIMS  |          |      |                     |              |                     |              |             |

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

BEST AVAILABLE COPY